gulf states conference of seventh-day adventists

Background Information Form

The Gulf States Conference of Seventh-day Adventists (“Conference”) desires a workforce that demonstrates values such as integrity, mutual respect and teamwork. To ensure that the Conference employs highly qualified employees, it has implemented a pre-employment background check process. The Conference thanks you in advance for completing this process.

The Conference conducts a consumer report background check on applicants who receive a conditional call and/or employment offer. For the position which has been offered to you, this check includes a criminal record check. Please complete the information requested on this form to assist the Conference in completing this check. The Conference may also use the information on this form during employment to conduct additional consumer reports for employment purposes (e.g., evaluating employee suitability for retention, promotion or reassignment). If you decline to provide all of the information requested on this form, the Conference will be unable to further consider you for employment with the Conference.

Name SSN

Address

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (required to assure accuracy of background check)

List all former names or aliases used, including, but not limited to, maiden name, and the dates of use:

Name/Alias Dates Used

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*(use additional sheets if necessary)*

**PAGE 1 of 2**

Please list all residential addresses during the past 7 years:

Address City/County/State From To

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*(use additional sheets if necessary)*

Acknowledgment

I acknowledge that I have read and understand this Supplemental Information Form. I verify that the information I have provided is true, correct and complete and contains no omissions. I agree to provide the Gulf States Conference with additional information, if requested, in order to complete any background check about me. I understand that false, incorrect, misleading or incomplete information on this form will result in my ineligibility for employment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Printed Name  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature

**PAGE 2 of 2**